PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA FEE FOR NUMBER FILED RATE FEE RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS X S minus 3 = X S OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL **PREVIOUSLY** ENDMENT AFTER AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus .0 X \$ OR Minus Independent (37 CFR 1.16(b)) X \$ = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 **PRESENT** RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL ENT AFTER **PREVIOUSLY** FEE AMENDMENT PAID FOR FEE Minus ENDME Total X S (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL EN **AFTER PREVIOUSLY** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM OR Independent (37 CFR 1.16(b)) Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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PATENT APPLICATION FEE DETERMINATION RECOR								09/881 748				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TO	STAL CLAIMS							RATE	FEE	]	RATÉ	FEE
FOR			NUMBER FRED '		NUMBER EXTRA			BASICF	EE 385.00	OR	Basic Fee	770.00
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	EPENDENT CI		minus 3 =		<u> </u>	,		X43°	1.	OR	X86=	
MIL	ATTIPLE DEPEN	IDENT CLAIM PI	RESENT				·	+145=		OR	+290=	
*If the difference in column 1 is less than zero, enter "O" in column 2							·I	TOTAL	.1	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL	
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PIRST PRESENTATION OF MULTIPLE DEPENDENT COM								+145=		OR	+290=	· ·
• (	* If the entry in cotumn I is tess than the testily in cotumn 2, write "O" in column 3.  — If the "Highest Number Priviously Paid For" IN 11415 SPACE is tess than 20, only "20."								<u>.</u>	ОЯ	TOTAL	
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